

PART B - FEES/TRANSMITTAL

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13438 7591 04/18/2007

HAMILTON & TERRILE, LLP
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/896,140	06/29/2001	Shari Gharas	T00067	5419

TITLE OF INVENTION: EXTENSIBILITY AND USABILITY OF DOCUMENT AND DATA REPRESENTATION LANGUAGES

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	NO	\$1700	07/18/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
STORK, KYLER	2178	715 513000

1. Change of correspondence address or indication of "FEE Address" (37 CFR 1.663): <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input checked="" type="checkbox"/> "FEE Address" indication (or "FEE Address" Indication form PTO/SB/127, Rev. 03-02, or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list: (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Hamilton & Terrile, LLP Kent B. Chambers
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3. ASSIGNEE: NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for record as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Versata Development Group, Inc.

Austin, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

1a. The following fees are submitted: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies	4b. Payment of Fees (Please first reapply any previously paid issue fee shown above) <input type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card form PTO 2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>502264</u> (enclose an extra copy of this form)
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5. Change in Entity Status (from status indicated above)
☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature /Kent B. Chambers/ Date July 17, 2007
Typed or printed name Kent B. Chambers Registration No. 38,839

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